

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/367081	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3		(2)					53					
4			1				54					
5							55					
6		(1)					56					
7		(1)					57					
8							58					
9							59					
10		(1)					60					
11		(1)					61					
12		(1)					62					
13		(1)					63					
14		(1)					64					
15		(1)					65					
16		(1)					66					
17		(1)					67					
18		(1)					68					
19		(1)					69					
20		(1)					70					
21		(1)					71					
22		(1)					72					
23		(1)					73					
24		(1)					74					
25		(1)					75					
26		(1)					76					
27		(1)					77					
28		(1)					78					
29		(1)					79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	29	→	↓	↓	↓	→	TOTAL DEP.	→	↓	↓	→	↓
TOTAL CLAIMS	30	→	↓	↓	↓	→	TOTAL CLAIMS	→	↓	↓	→	↓